BUSINESS INCOME AND EXPENSES

NAME:					INITIALS	DATE
BUSINESS NAME:	-			PREPARED BY	INITIALS	DAIL
ADDRESS:	-			REVIEWED BY	_	
PRINCIPAL BUSINESS	\ <u>.</u>			REVIEWED D1		
EIN:	·•			Home Office	Sq Ft	Total Sq ft
EIII.				Home Office	SqTt	Total Sq It
ACCT. METHOD	CASH	ACCRUAL	OTHER	Utilities		
		(CIRCLE ONE))	Mortg Interest	1	
` '				R/E Taxes	1	
INCOME				Homeowners Insurance		
				Repairs		
GROSS RECEIPTS				EXPENS	<u>ES</u>	
LESS: RETURNS				ADVERTISING		
OTHER			1	AUTO (FROM SCHEDULE)		
			1	COMMISSIONS		
			=	EMPLOYEE BENEFITS		
COST OF	GOODS SO	<u>DLD</u>		INSURANCE		
				INTEREST		
BEG INVENTORY			1	LEGAL & PRO. FEES		
PURCHASES			1	OFFICE EXPENSES		
DIRECT LABOR			1	PENSION/PROFIT		
MATERIALS			1	RENT		
OTHER (LIST)			1	REPAIRS		
			1	SUPPLIES		
END INVENTORY				TAXES & LICENSES		
				TRAVEL		
				MEALS		
AUTO EXPENSES			1	UTILITIES		
DESCRIPTION				WAGES		
DATE IN SERVICE				OTHER (LIST)		
	CAR #1	CAR #2	1	BANK CHARGES		
BUSINESS MILES			1	CELL PHONE		
TOTAL MILES			1	DUES & SUBCRIPTIONS		
TOLLS			1	OUTSIDE SERVICES		
FUEL			1	PAGER		
INSURANCE			1	POSTAGE		
REPAIRS				TELEPHONE		
OTHER:			1	UNIFORMS		
			_	INTERNET		
ASSET A	CQUISITI	<u>ON</u>				
Description	Date	AMOUNT				
printer						
laptop						
				SEP/SIMPLE Contribution		
			1	TT 1.1 T		

ALL INFORMATION HAS BEEN OBTAINED FROM CLIENT